## Springfield Police Division Citizen Police Academy Application

Last				
	First	Middle	Maiden	
Social Security Number	<del>-</del>	Date of Birth	/	/
Home Address				
	Street	Apt.		
City	State	Zip Code		
Mailing Address(If different to	from home address)			
Telephone- Home	Office	Message_		
Driver's License Number: _ Expiration Date:	Sta	te: s License currently valid?	Yes	No
Have you ever been convicte	ed of a felony? Yes	No		
Have you ever been convictor	ad of a misdamaanar? V	Zos No		
Please use the back of the application	on if additional space is nece	ssary		
Do you currently have any c	_			No_
Please explain				_ No_
Please explain Place of Employment				No
Please explain				_ No_
Please explain  Place of Employment  Address:	City	State		
Please explain  Place of Employment  Address:  Street  Duties Performed	City	State		
Please explain  Place of Employment  Address:  Street	City	State		
Please explain  Place of Employment  Address:  Street  Duties Performed	City  the Citizen Police Acad	State emy?	Zi —	p Code

I certify that all statements made on this application are true and complete. I hereby authorize the Springfield Police Division to conduct a background investigation and to make an examination of the listed information for the purpose of evaluating my application. I understand that any omission or false statement on this application may disqualify me to attend the Citizen Police Academy.

## Incomplete and/or unsigned applications will not be considered.

Signature	Date	
Mail address (if applicable)		